

and 80 female). Children were between 1-13 years of age and they were divided into 6 groups (24 months for each group). IgG and IgM for hepatitis A were measured. Excluded of the study all patients with vomiting, diarrhea, jaundice, hepatic problems, infants have been vaccinated against hepatitis A and another sibling of the same family. **Results:** Medium age of patients was 7.3± 2.1 years. The percentage of IgG anti-hepatitis A positive was 47%. Fig. (1) Type of epidemiology in the study The higher percentage of anti HAV-IgM positive was in 6-9 years of age (school age), while anti-HAV-IgG was mostly positive between 10-13 years of age.

Conclusions: Hepatitis A vaccine should be given to children in our country

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INFLIXIMAB IN THE TREATMENT OF PEDIATRIC IBD: A SINGLE CENTRE EXPERIENCE

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Background and aims: The biological treatment of IBD acts on different stages of immunophysiological processes of the disease. We describe evolution and clinical response to Infliximab in paediatric patients affected by IBD diagnosed and followed at our centre.

Methods: In the last triennial period at our Department of Paediatrics in Palermo 53 infusions of Infliximab were administered to our patients affected by severe forms of IBD. All patients but one were affected by several forms of CD. Only one child was affected by U.C. associated to pyoderma gangrenosum. The total number of infusions were administered according the ACCENT 1 study at a dose of 5 mg/Kg. All the infusions were preceded by e.v. administration of chlorpheniramine to avoid immunological reactions. The mean length of time of infusion was of 3 hours.

Results: Our experience on this biological drug was positive, in fact treated patients showed a good clinical response. None had adverse reactions. Only a 12 years old female patient with fistulising Crohn's disease, presented a flare of the disease one year after discontinuation of IFX. Some other patients, several months after the last infusion of Infliximab, were in remission state.

Conclusions: Infliximab has a great potential in improving the treatment also of pediatric IBD. However, its role in long-term therapy is not yet clear and it remains to be determined which is the long term tolerability of the drug and to examine if the effectiveness of the drug is reduced or not by the discontinuation of its administration.

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THE EFFECT OF CONSTIPATION TREATMENT ON VOIDING DYSFUNCTION IN CHILDREN

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Background: Constipation and voiding dysfunction are common in children. The purpose of present study is to evaluate resolution of voiding dysfunction before and after treatment of constipation.

Material and Methods: 48 children (20 month - 11 years) with evidence of voiding dysfunction and chronic constipation were evaluated in year 1387-1388. Patients treated for constipation for 3 months. Voiding dysfunctional score based on DVSS before and three months after treatment were compared. Girls with score > 6 and boys with score of 9 were included.

Results: 35.4% and 65.4% of subjects were boys and girls respectively. Median score of voiding dysfunction revealed significant differences before and after treatment (p=0.001). Comparison of scores in both sexes and ages were not significant. (p=0.4, 0.9, respectively). After treatment, enuresis and encoprosis as well as frequency in defecation showed significant improvement among girls and boys. (p=0.003 and 0.001 respectively).

Results: results of this study showed that treatment of constipation could be effective in improvement of voiding dysfunction in children. More studies recommend in this regard.